



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

## COP 2021 Approval Meeting PEPFAR Mozambique

*May 11, 2021*

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS



# Looking Forward Together

1. Significant strides towards HIV epidemic control, yet epidemic continues to be driven by young men and adolescent girls and young women
2. Continuing AJUDA progress despite challenges posed by COVID-19 and regional violence
3. Consolidating and expanding COP20 interventions for high priority demographic groups
4. Strengthening partnerships with government, multilaterals and civil society, including FBOs
5. Protecting HIV epidemic control gains despite COVID-19 through ARPA funds





# State of the HIV Epidemic

*Making gains toward HIV epidemic control, yet transmission continues to be driven by young men, and adolescent girls and young women*

# Making Progress Toward HIV Epidemic Control

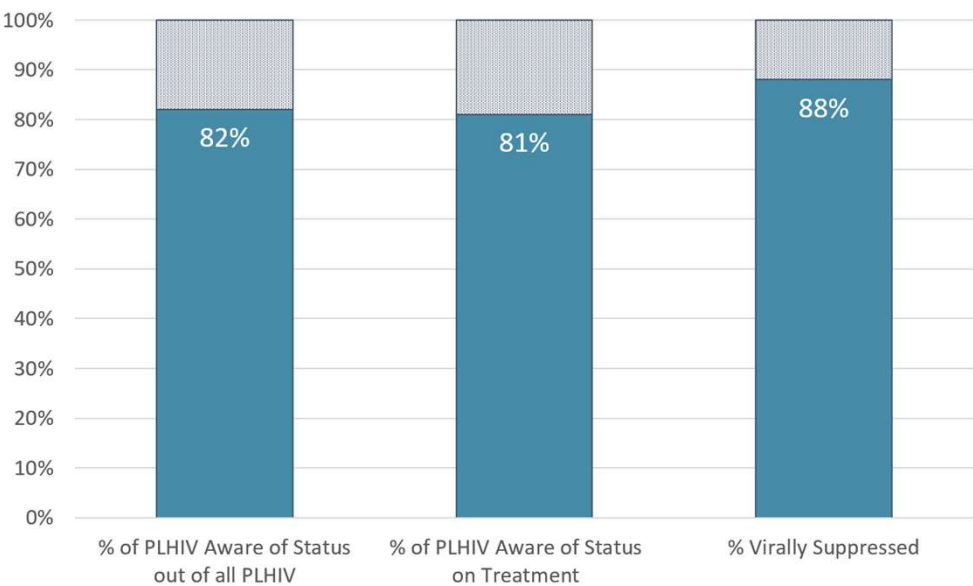
2019 PLHIV Estimate:  
**2,027,424**

2020 PLHIV Estimate Projection:  
**2,075,251**

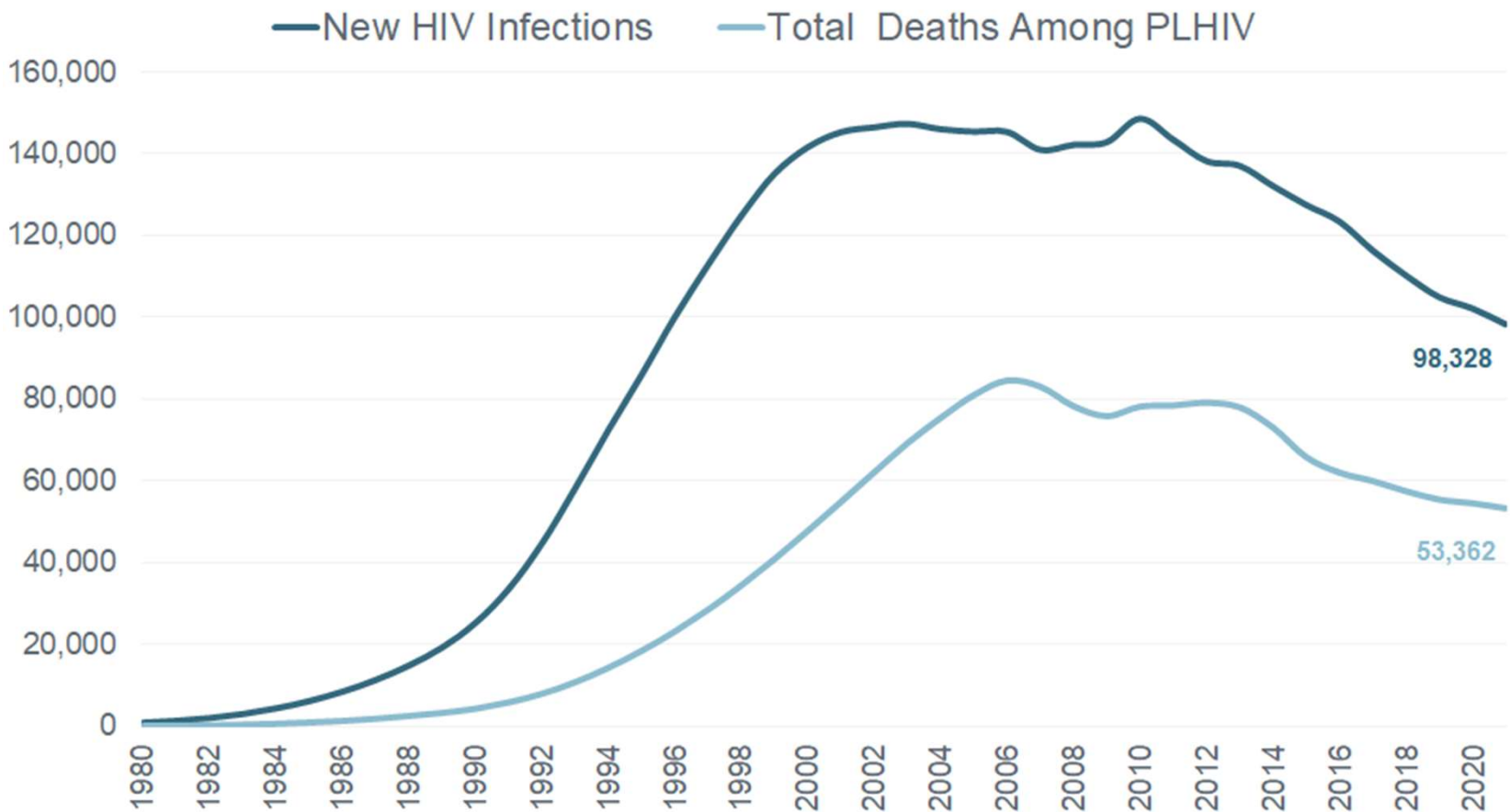
2021 PLHIV Estimate Projection:  
**2,130,428**

## Progress towards 95-95-95 goal, Mozambique

FY21Q1 (All Ages)



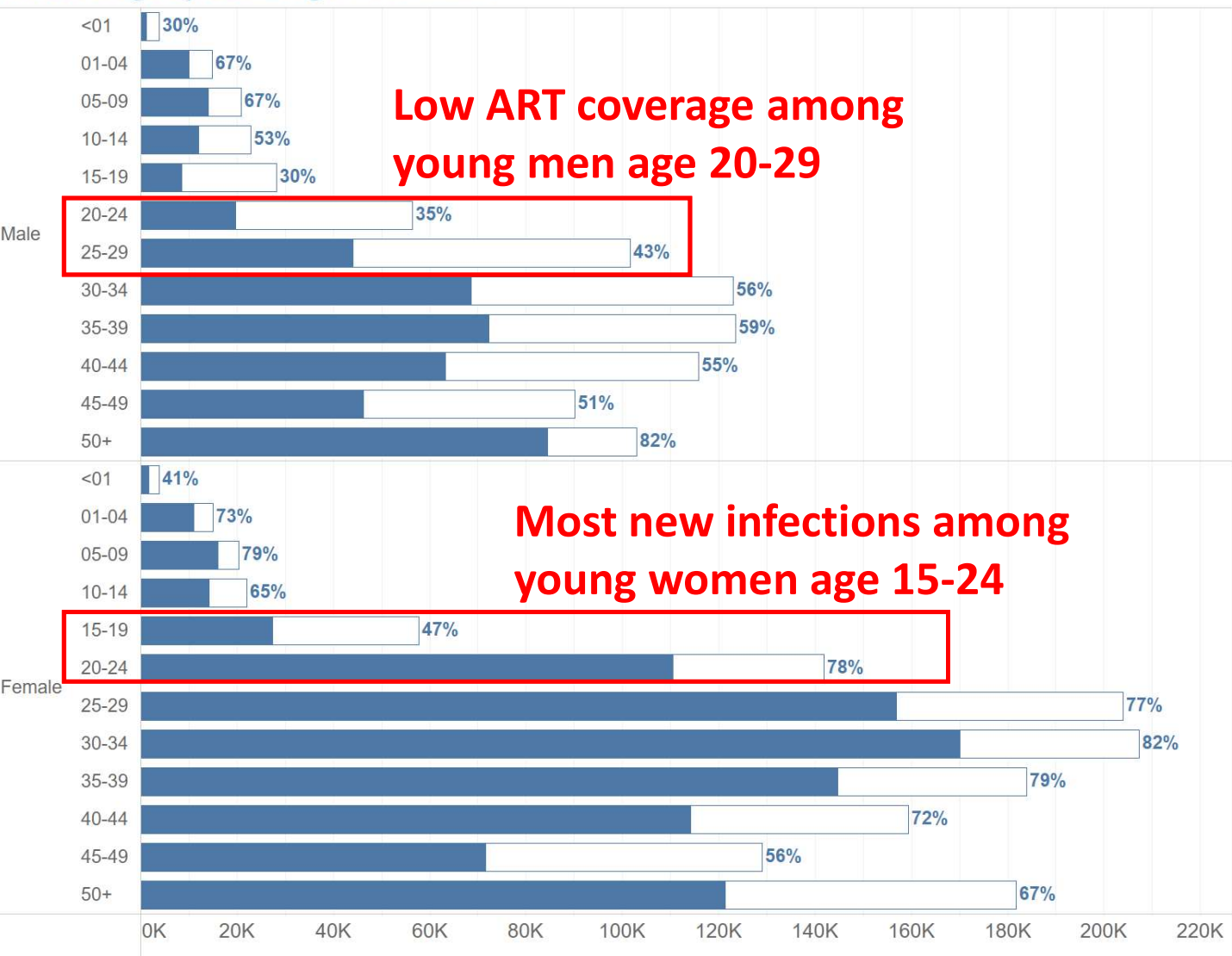
■ Gap to reach 95-95-95





# Low ART Coverage Among Young Men is Driving New Infections

TX Coverage by Sex & Age (FY21 Q1, Naomi 2021)



- 59% of the nearly 158,000 HIV+ men age 20-29 are *not* on treatment;
- The majority of these young HIV+ men are sexually active, asymptomatic, and have limited interactions with the health system;
- 66% of all estimated new HIV infections among AGYW 15-24 years come from young men age 20-29;
- 46% of all estimated new infections are among young men (20-29) and AGYW (15-24).

Source: PEPFAR MER (Q1, FY21), Spectrum  
Source: GOALS (Age-Sex Model) UNAIDS, 2019

# Review of 774,225 Patient Records Confirm Alarming Rates of Interruption in Treatment (IIT) among Young Men and AGYW

## Males

**Cohort: Outcome in Sept 2020 of anyone active on treatment in Sept 2018**

	Age Group										
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+ =
Active on Tx @ 9/20/20	2,283 55%	6,484 73%	6,191 80%	4,142 78%	3,511 58%	9,117 58%	20,240 65%	26,410 71%	26,946 75%	20,640 77%	42,385 80%
LTFU @ 9/20/20	1,876 45%	2,368 27%	1,514 20%	1,161 22%	2,549 42%	6,672 42%	10,856 35%	10,711 29%	9,019 25%	6,107 23%	10,901 20%
Total	4,159 100%	8,852 100%	7,705 100%	5,303 100%	6,060 100%	15,789 100%	31,096 100%	37,121 100%	35,965 100%	26,747 100%	53,286 100%

## Females

Source: MozART, September 2020

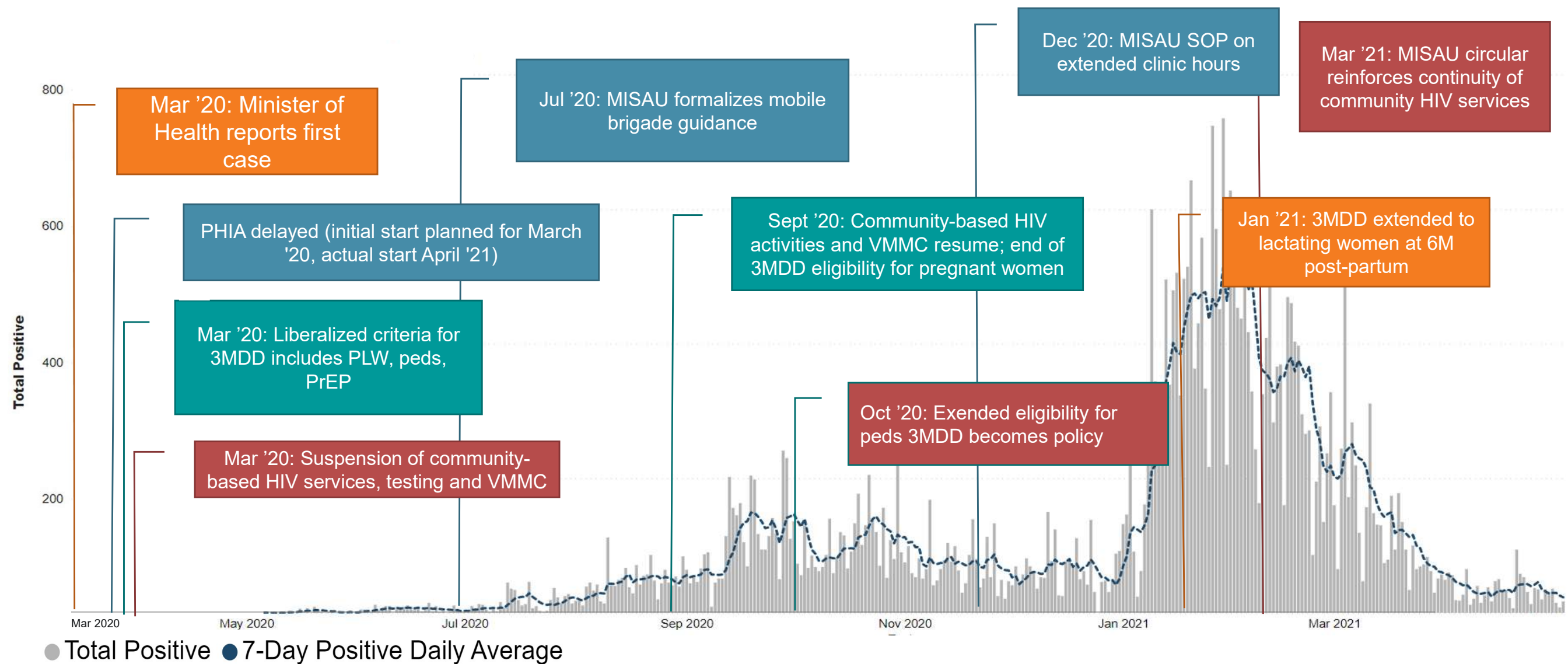
	Age Group										
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+ =
Active on Tx @ 9/20/20	2,442 56%	7,340 73%	7,127 80%	6,052 68%	26,482 61%	53,580 69%	72,632 75%	70,873 79%	61,107 82%	39,507 85%	68,636 84%
LTFU @ 9/20/20	1,931 44%	2,654 27%	1,804 20%	2,881 32%	16,826 39%	24,347 31%	24,523 25%	18,277 21%	13,056 18%	7,159 15%	13,139 16%
Total	4,373 100%	9,994 100%	8,931 100%	8,933 100%	43,308 100%	77,927 100%	97,155 100%	89,150 100%	74,163 100%	46,666 100%	81,775 100%

# Building on Success

*Continued AJUDA progress  
despite challenges posed by  
COVID-19 and regional  
violence*



# HIV Program Recovering From COVID Impact



Gradual process improvements make clinical care safer—expanded use of virtual data reviews and site-level check-ins, remote client support, in-service training transitioned to virtual platforms.



# Escalating Instability in Northern Mozambique

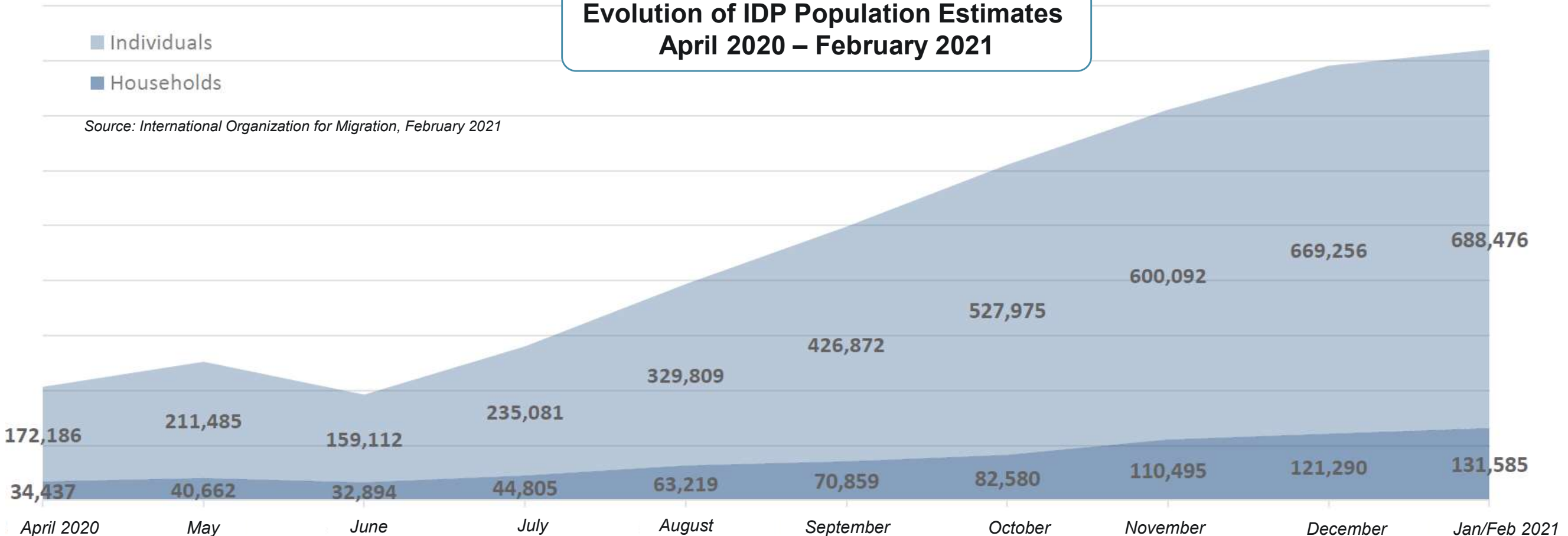
## Overview

- Nearly 700,000 internally-displaced people (IDP) in northern Mozambique
- 580,000 displaced in 2020 alone
- 41 of 129 (**32%**) facilities in Cabo Delgado closed or non-functional (COP20 RPM: **2%** were closed)
- Instability and displacement now impacts PEPFAR implementation in Cabo Delgado, Nampula, and Niassa

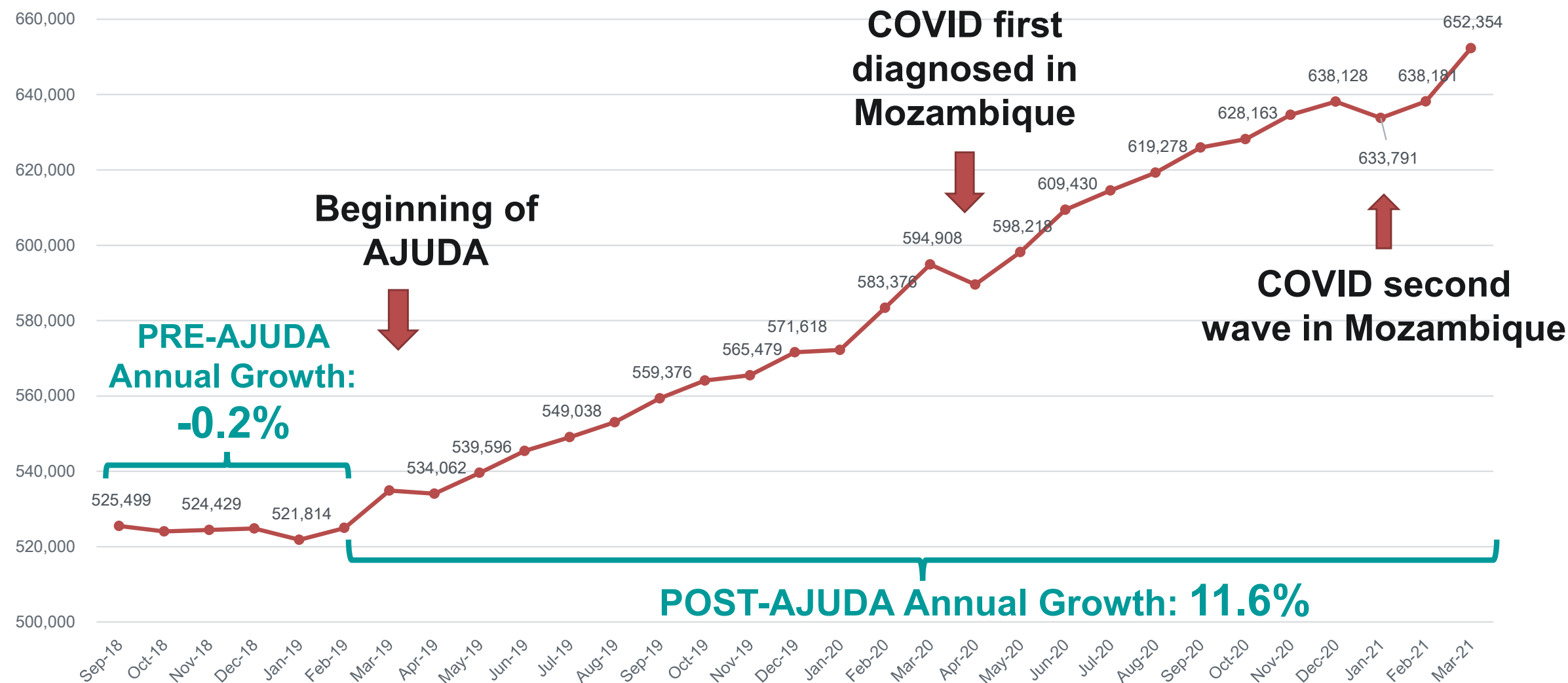
### Evolution of IDP Population Estimates April 2020 – February 2021

■ Individuals  
■ Households

Source: International Organization for Migration, February 2021



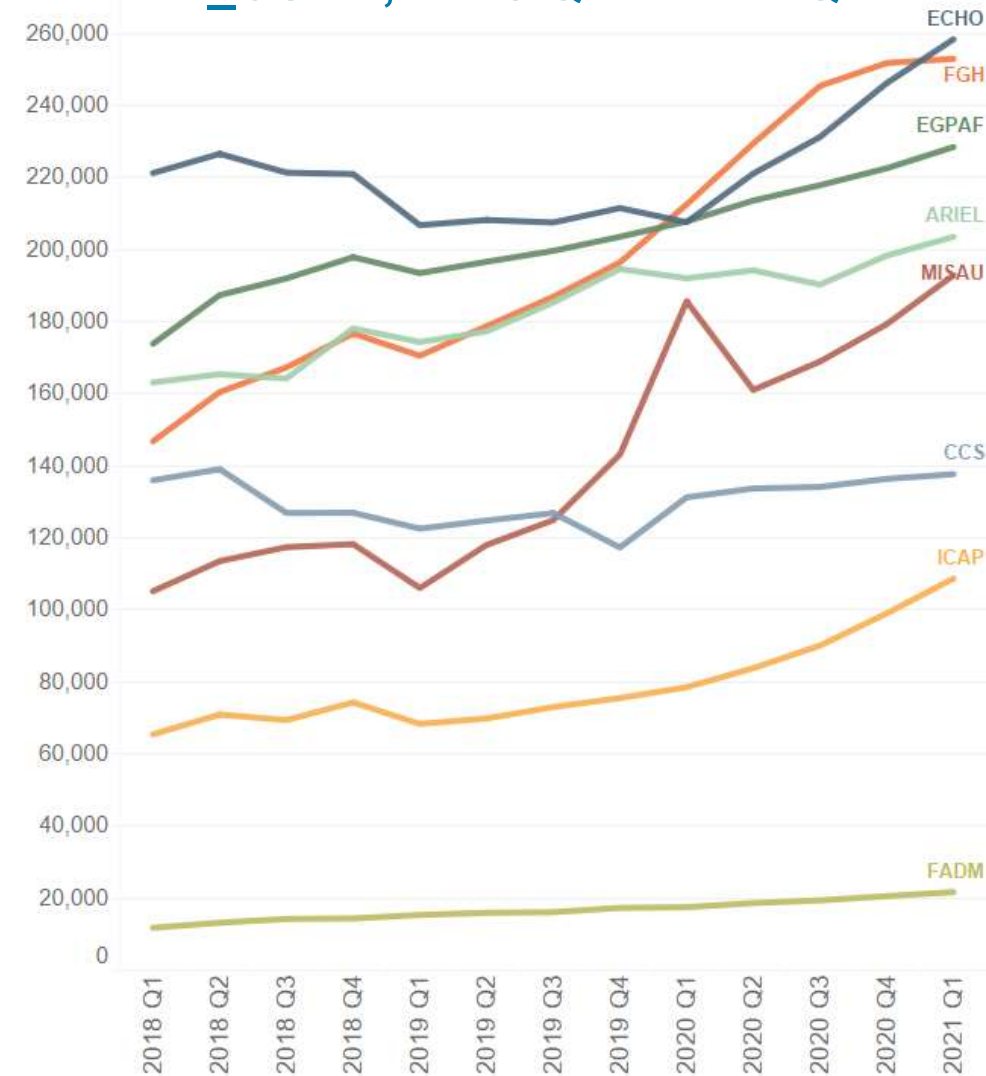
# Strong TX\_CURR Growth in AJUDA Sites Despite Challenges



\*For comparability, analysis limited to initial cohort of 127 AJUDA sites

# TX\_CURR Growth Across All Partners and Provinces

TX\_CURR, FY18 Q1 – FY21 Q1



FY21 Q1 was 3rd best  
TX\_NET\_NEW of past 11 quarters

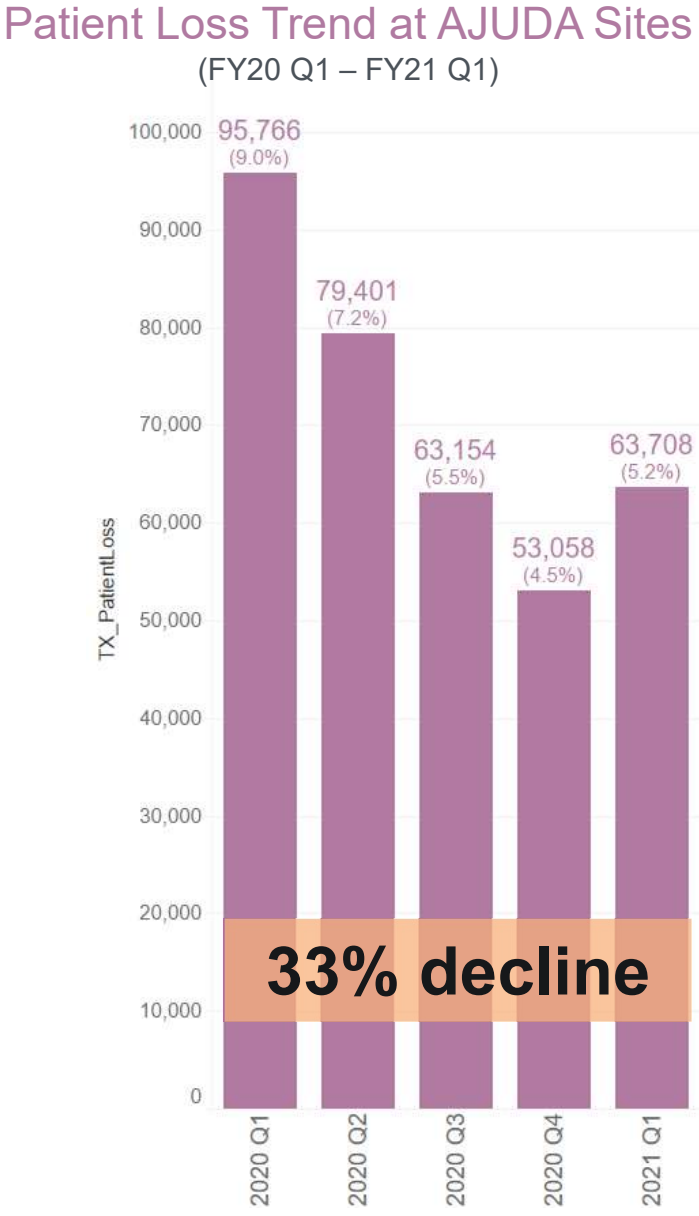
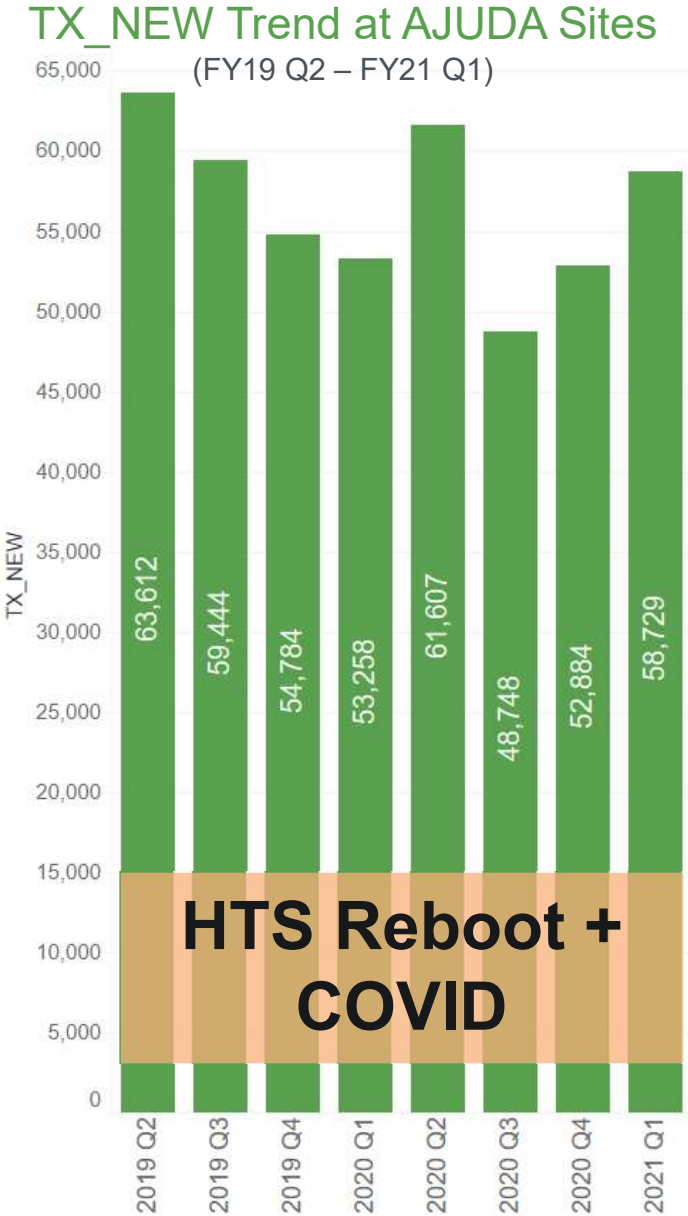
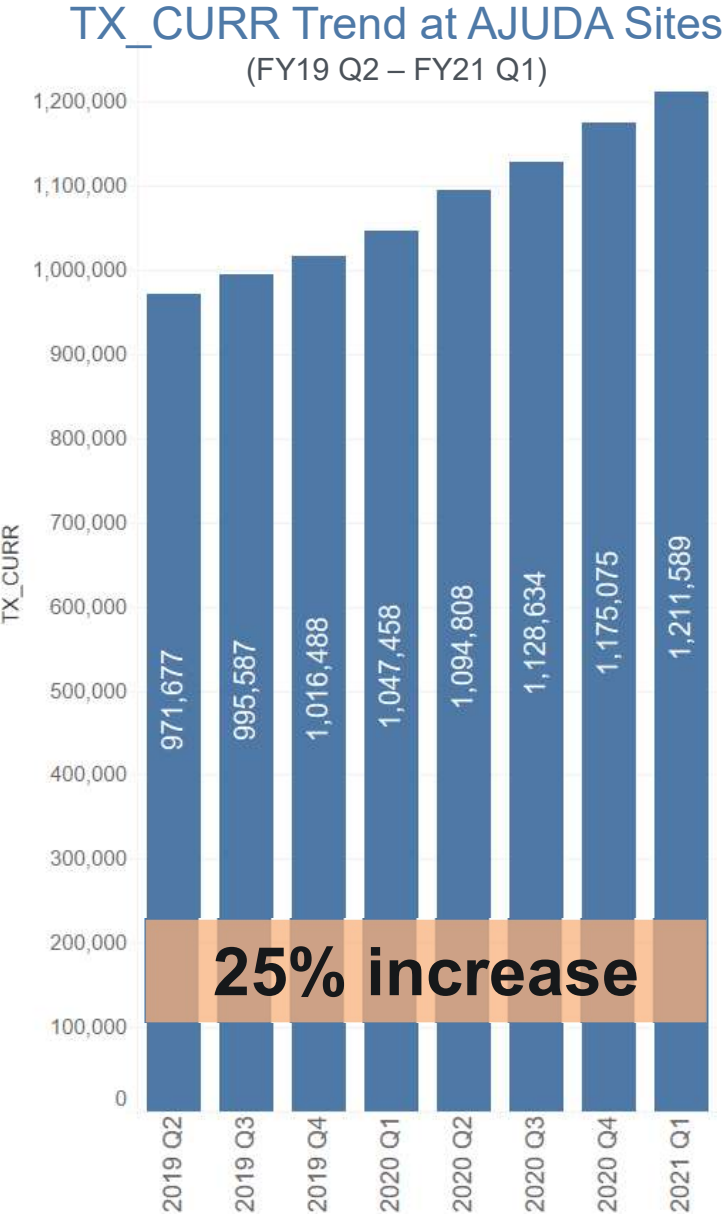
## Treatment Summary FY21 Q1 All Sites

	TX_NEW	TX_CURR	TX_PatientLoss %	TX_NET_NEW	TX_NET_NEW %
Nampula	13,728	140,509	4.2%	12,388	9.7%
Sofala	7,128	120,892	6.3%	7,360	6.5%
Cabo Delgado	5,323	66,594	7.8%	3,777	6.0%
Niassa	2,287	35,013	2.6%	1,839	5.5%
FADM	1,396	21,674	2.5%	1,130	5.5%
Manica	4,816	97,049	4.4%	4,900	5.3%
Tete	3,103	76,637	1.3%	3,387	4.6%
Inhambane	3,746	84,977	1.9%	3,335	4.1%
Gaza	4,139	175,198	0.6%	3,712	2.2%
Maputo	5,744	158,907	3.5%	3,198	2.1%
Zambezia	15,882	280,471	8.1%	3,588	1.3%
Cidade De Maputo	4,092	146,579	4.0%	1,478	1.0%
Grand Total	71,384	1,404,500	4.5%	50,092	3.7%

- 5 provinces report >5% TX\_NET\_NEW growth
- TX\_CURR surpasses 1.4M



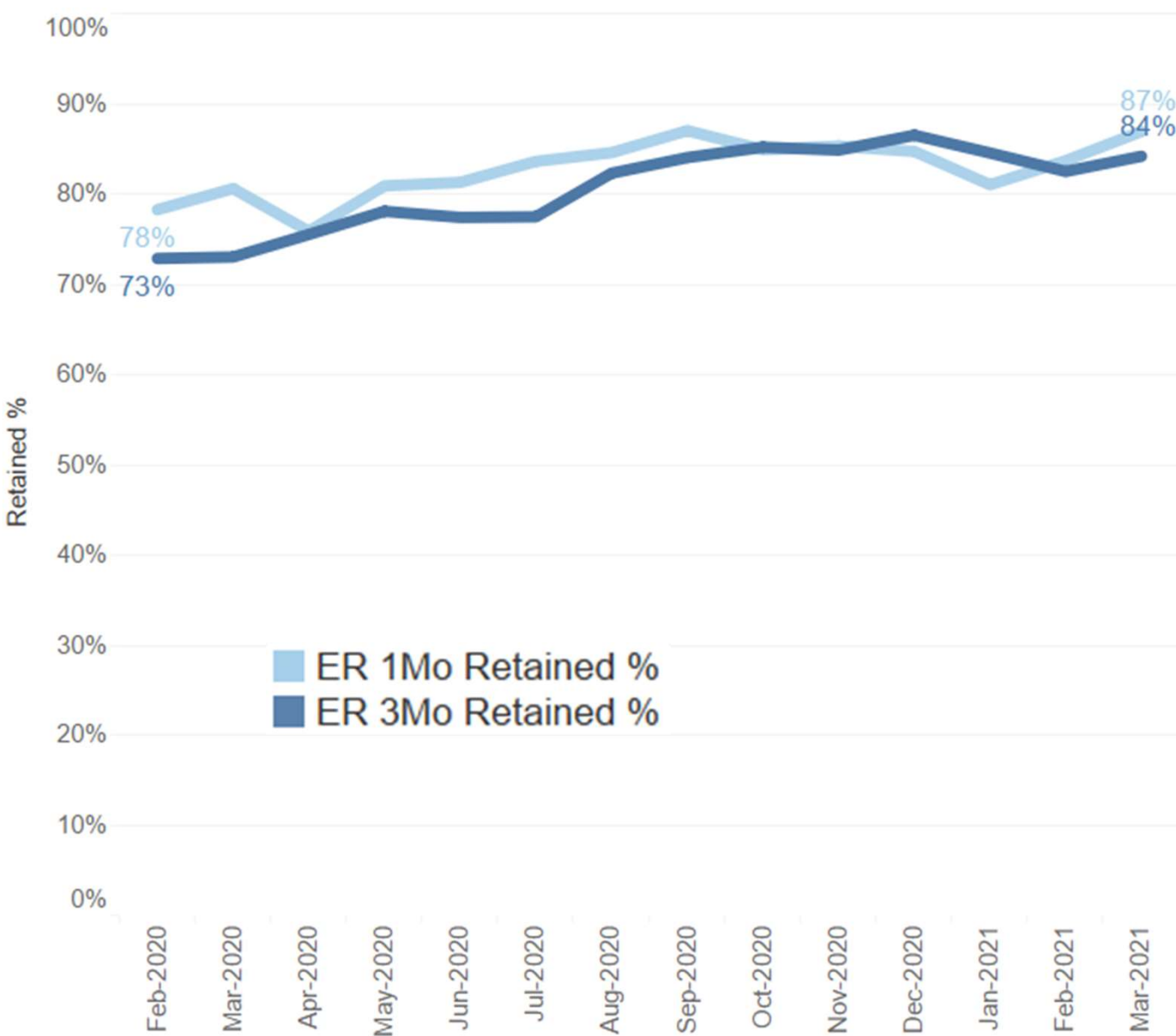
# Treatment Growth a Product of Improved Retention, Not Improved Case Identification



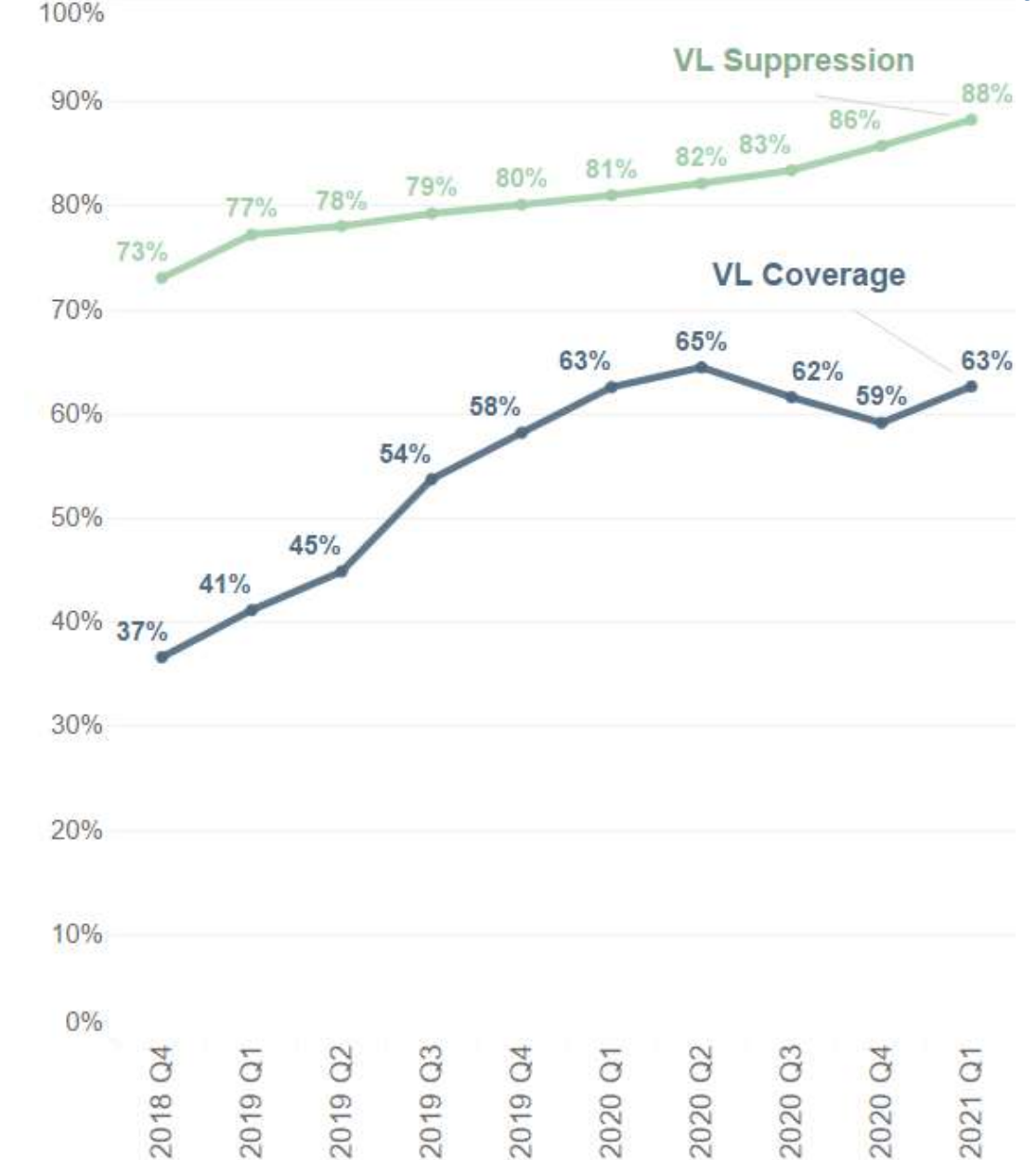
Source: PEPFAR MER (Q1, FY21)  
Patient Loss calculated using MER TX\_ML – TX\_ML Transferred Out

# Continued Gains in Retention and VL Suppression, while VL Coverage Rebounds from COVID Impact in FY21 Q1

1 & 3-Month Retention: Trends

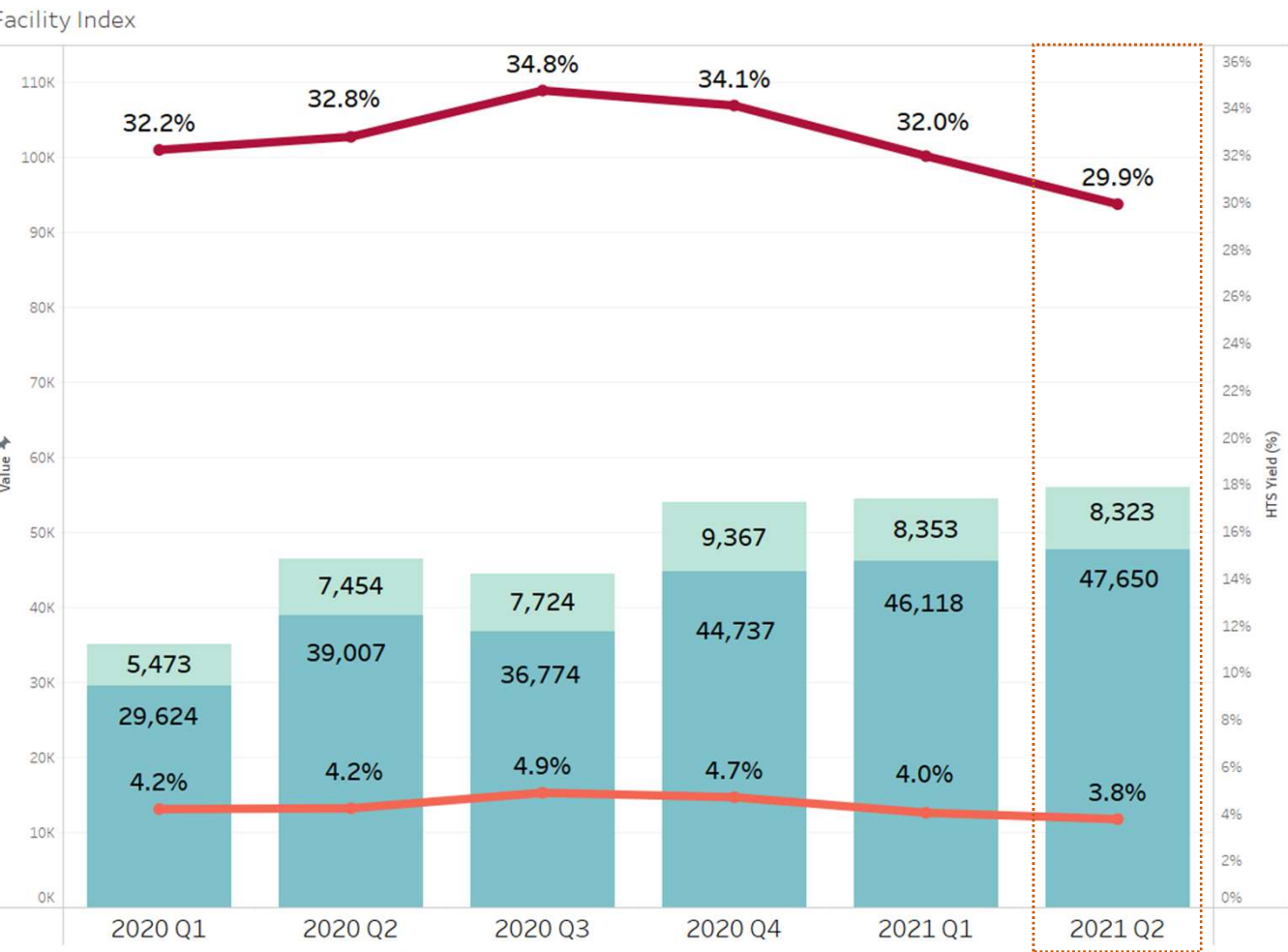


Viral Load Coverage and Suppression Trend (EPTS Sites only)

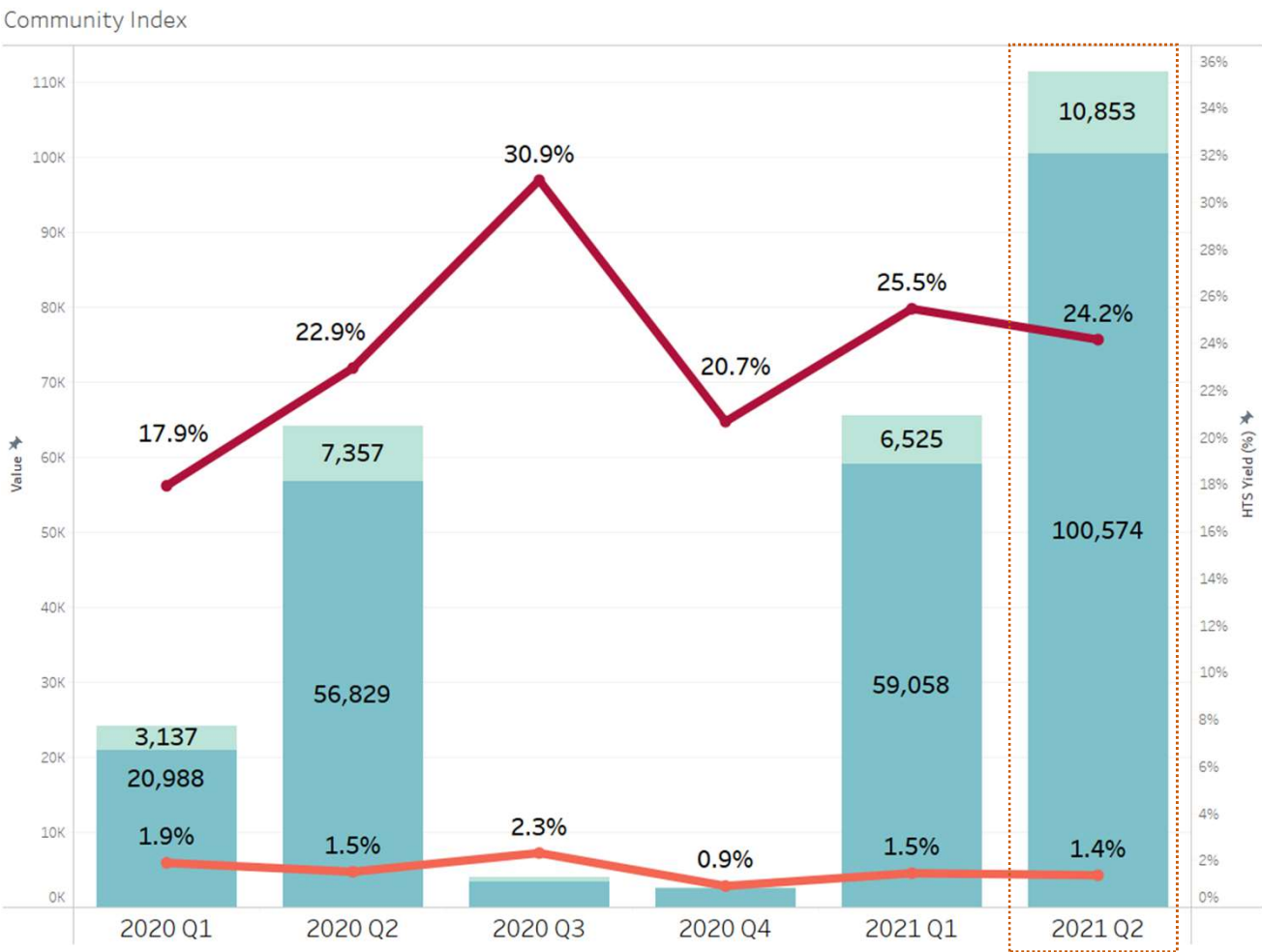


# Community-Based Index Testing Rebounds after COVID-19 Pause

## Facility Index Case Testing



## Community Index Case Testing



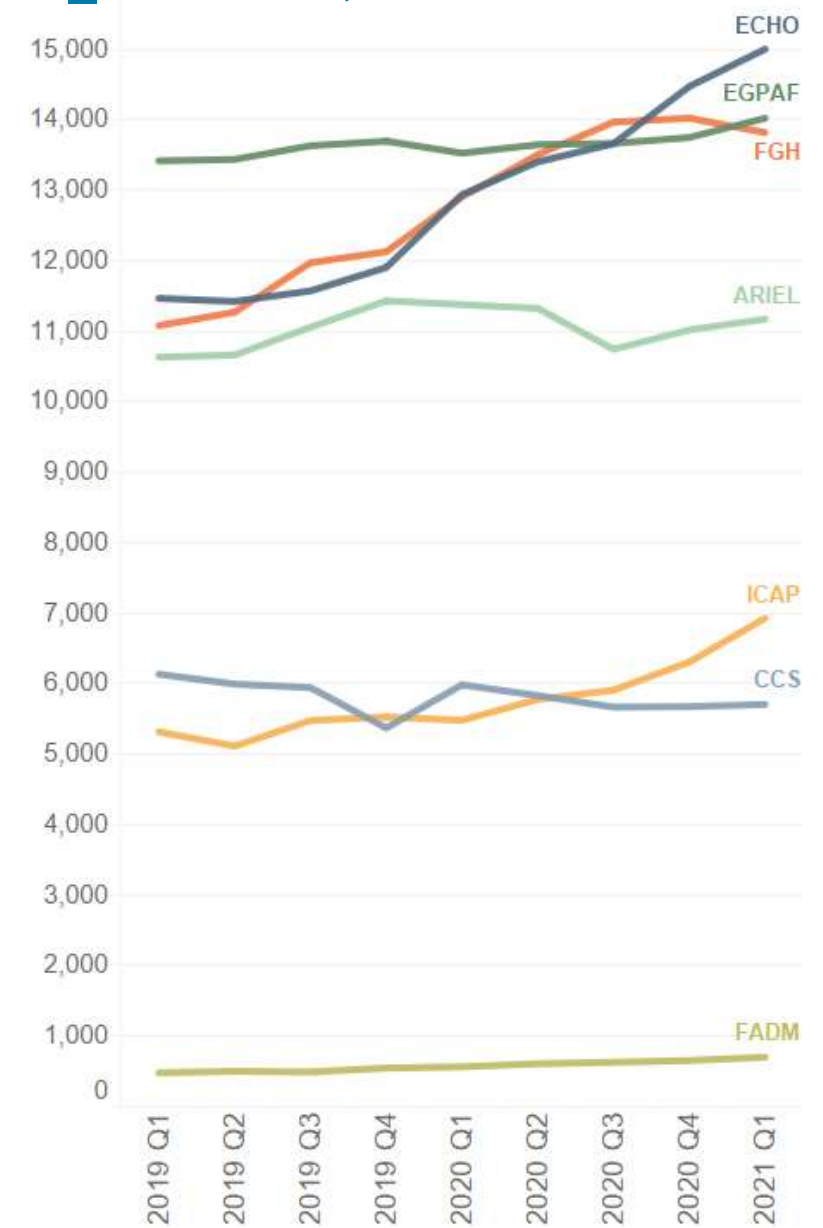
- <15, HTS Yield (%)
- 15+, HTS Yield (%)
- HTS\_POS
- HTS\_TST

- Facility-based testing volumes have continued to increase throughout COP20
- Community index testing rebound after GRM policy shift to support re-initiation



# Positive TX\_CURR Growth Among <15 in Almost All Provinces

TX\_CURR <15, FY18 Q1 – FY21 Q1



## Pediatric Treatment Summary FY21 Q1

All Sites

	TX_NEW	TX_CURR	TX_PatientLoss %	TX_NET_NEW	TX_NET_NEW %
Nampula	856	9,063	4.8%	732	8.8%
FADM	63	703	3.3%	47	7.2%
Niassa	176	2,350	3.5%	122	5.5%
Sofala	527	8,094	7.8%	416	5.4%
Cabo Delgado	389	3,861	11.2%	190	5.2%
Inhambane	268	5,558	1.5%	266	5.0%
Manica	324	5,420	6.8%	223	4.3%
Tete	166	3,849	3.0%	102	2.7%
Gaza	289	10,989	0.6%	125	1.2%
Maputo	289	8,556	2.9%	77	0.9%
Cidade De Maputo	170	6,153	1.9%	38	0.6%
Zambezia	1,032	15,592	10.9%	-75	-0.5%
Grand Total	4,549	80,188	5.4%	2,263	2.9%

- Very impressive growth (>5% TX NET NEW) in multiple provinces
- Challenges remain with treatment interruption nationally
- Program contraction in Zambezia and conflict zones (some districts in Cabo Delgado) impedes progress

# Accelerating COP20 Pediatric Interventions in COP21

## Case Identification & Linkage

- Improve routine use of HIV screening algorithm
- Strengthen implementation of ICT for children of PLHIV <15
- Improve linkage of HIV+ children to ART services, especially infants
- Strengthen formal collaboration with community platforms (OVC, community ICT)
- Screen all 15-19 year old adolescents for HIV testing during community ICT activities

## Treatment Continuity

- Expanding mentor mother support to CLHIV up to 10 years
- Implement advanced HIV disease package for pediatrics
- Intensive management of high-volume low performance peds sites
- Expansion in DSD enrollment (progressive MMD policy in place)

## VLC and VLS

- Strengthen and monitor Peds ARV optimization
- Training & mentoring providers and lay workers in VL cascade
- Launch multiplexing for VL

## What's New in COP21

- Launching DTG10 for children <20kg
- Scale adolescent mentoring program to 90 sites (YCM intervention)
- Expand access to EID POC testing

# Strategic Programming in COP21

*Consolidating and expanding COP20  
interventions for high priority demographic  
groups*



# Finding New Opportunities in a Reduced Budget Environment

## Elaborate Full HIV Service Package

Advanced HIV Disease

Mental health services  
(from 22 to 33 sites)

Scale PrEP and improve  
implementation fidelity

## Expand Patient-Friendly Services

DSD (including  
community ART) in more  
provinces

6MDD availability

POC VL for PLW and  
children <5 years

EID POC (125 to 146  
AJUDA sites)

## Extend Community Outreach

Faith-based  
organizations

Civil society capacity  
building

Youth case  
management (from 65 to  
90 sites)

Mentor mother support  
to <10 years

## Advance Key Interventions

Site-level staffing at  
same or greater  
investment

Strategic marketing from  
national focus to  
provincial and  
community levels

Male client concerns  
shape male  
engagement strategy

# Community Prevention and Treatment Continuity Programs



## YOUTH CASE MANAGEMENT

### COP20

- YCM package to be finalized in May 2021, to include guidelines, training materials, M&E tools, and job aids
- Two separate packages:
  - Adolescent (10-24 y/o)
  - Adult Male (25-29 y/o)
- Implementation planned for 65 sites across all 11 provinces

### COP21

- Expand to 90 sites



## COMMUNITY ART DISTRIBUTION

### COP20

- Finalize training package and train 610 APEs (CHW cadre) in ten provinces
- COVID-19 adaptation—provider issued community ART currently implemented in six provinces

### COP21

- Expand to 720 additional trained APEs (total 1,330)
- Expand clinical provider-issued ART based on provincial priorities



## LITERACY

### COP20

- Dissemination of U=U messages
- Somos Iguais campaign (May)
- Adapted *Messages of Hope*
- Expand use of community radio
- Train providers and CHW on enhanced comms + human rights

### COP21

- Maintain literacy interventions
- Expand campaign thru social media and inter-personal comms
- Implement QI package to improve health provider communication
- Implement HIV & TB KAP survey

# Community Prevention and Treatment Continuity Programs



## DREAMS

### COP20

- Geographic scale-up planned, from 9 to 32 districts
- Delays in scale-up related to COVID-19 restrictions and changes to prevention curriculum

### COP21

- Flatline funding from COP20
- Fortify community activities in all 32 districts
- Strengthen layering database and improve service reporting
- Improve completion rates and monitor coverage



## OVC

### COP20

- Increased enrollment of HIV+ and at-risk children
- Plans to achieve 90% enrollment of all C/ALHIV on ART
- Community activities halted due to COVID-19; introduction of “virtual case management”
- Transitions to local partners

### COP21

- 9% reduced funding vs COP20
- Increased enrollment of C/ALHIV on ART and at-risk children
- Decrease in prevention activities
- Enhance/standardize data systems for clinical data tracking



## Mentor Mothers

### COP20

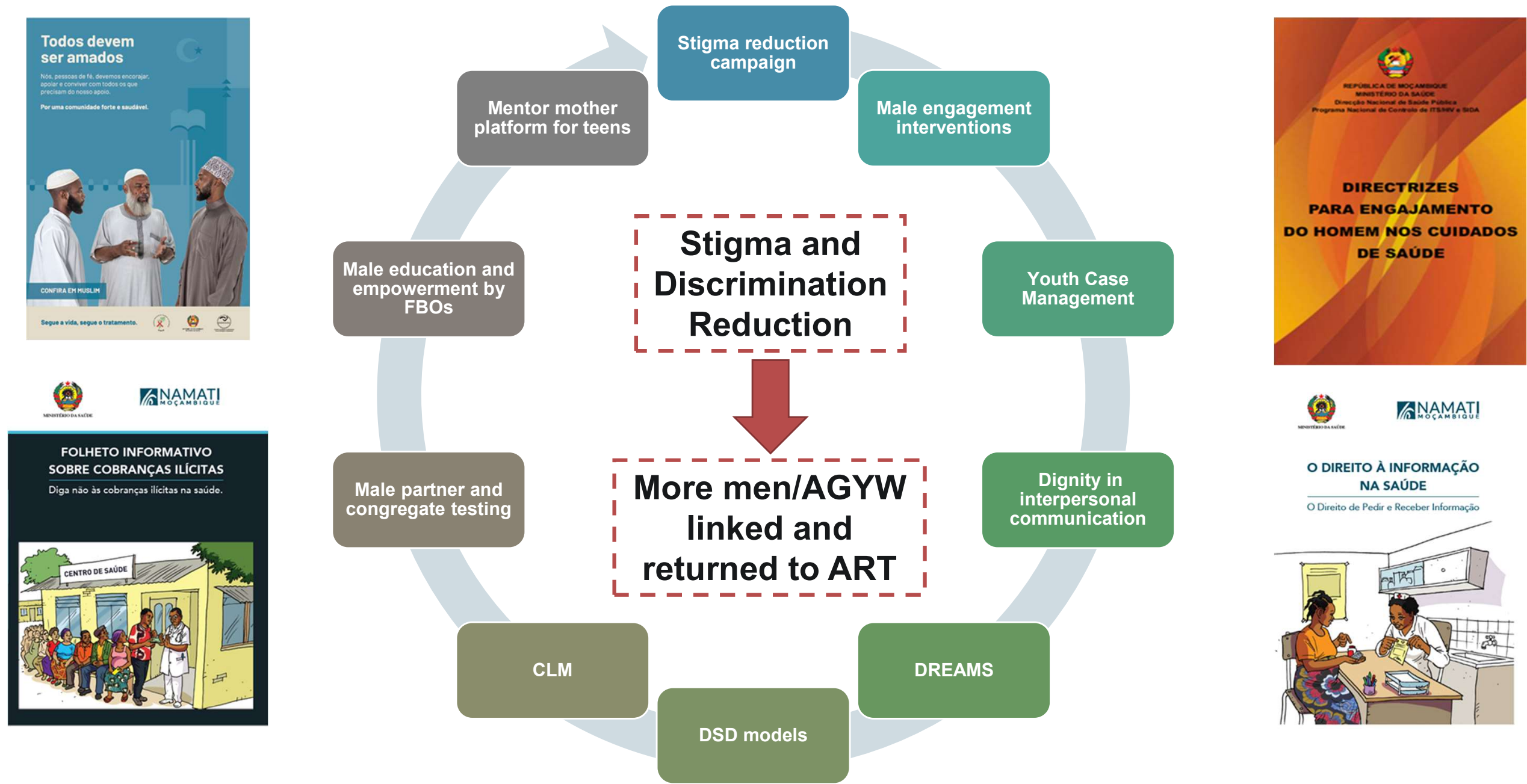
- Mentor mother strategy on track to reach full scale in COP20
- Launch mentor mother sub-cadre for adolescent mothers

### COP21

- Ensure greater uptake at all AJUDA sites
- Fully scale pediatric mentor mothers for CLHIV <10
- Budget increase for mentor mother programming to enable scaling program and increased IDP support



# Leveraging Multiple Platforms to Reach AGYW & Young Men



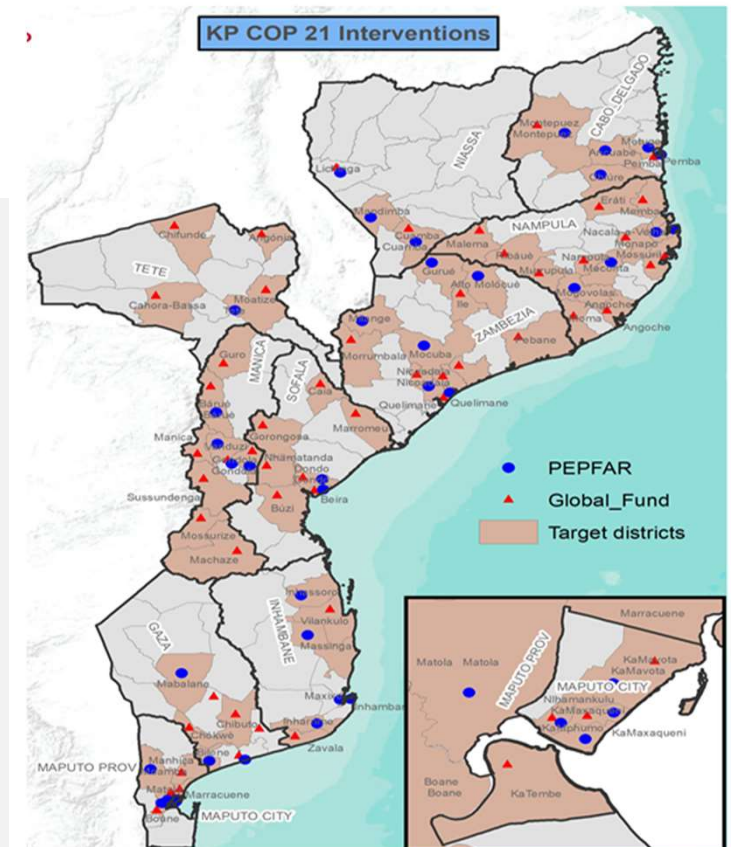
# Using National Coverage to Define Key Populations COP21 Targets

Proposed KP Coverage (PEPFAR + Global Fund)			
KP Type	KP Population Size Estimate	COP21 KP Reach Target	COP21 Projected KP Coverage
FSW	86,232	68,935	80%
MSM	38,473	24,953	65%
PWID	12,366	1,858	15%
Prisoners	8,130	8,130	100%
Total	145,201	103,876	72%

PEPFAR Target Overview	COP20	COP21	% Change
KP_PREV	34,468	51,790	50%
KP_TST	27,628	34,758	26%
KP_POS	4,418	5,624	27%
KP_PrEP	5,952	14,584	145%

Population Size Estimates from *Estimativa da População Chave 2020, MISAU*

- Significant increase in KP reach, with 72% KP coverage between PEPFAR/Global Fund by FY22 (while maintaining high yield)
- Inclusion of TG targets cross the entire clinical cascade (1st time)
- KP program will focus on:
  - ✓ Build capacity of CSOs to transition KP program
  - ✓ Expand clinical services to community (e.g., DSD models, PrEP)
  - ✓ Strengthen collaboration between community and clinical IP's
  - ✓ Create a more enabling environment
  - ✓ Improve data monitoring systems



# PEPFAR Adapting to Dynamic Environment in Northern Mozambique

## Stabilize continuity of care (COP20)

- Expand mobile brigades (MB) for IDP PLHIV
- Expand mentor mother outreach in IDP camps
- Increase coordination of CDC IP, PEPFAR DOD, and military in insecure areas

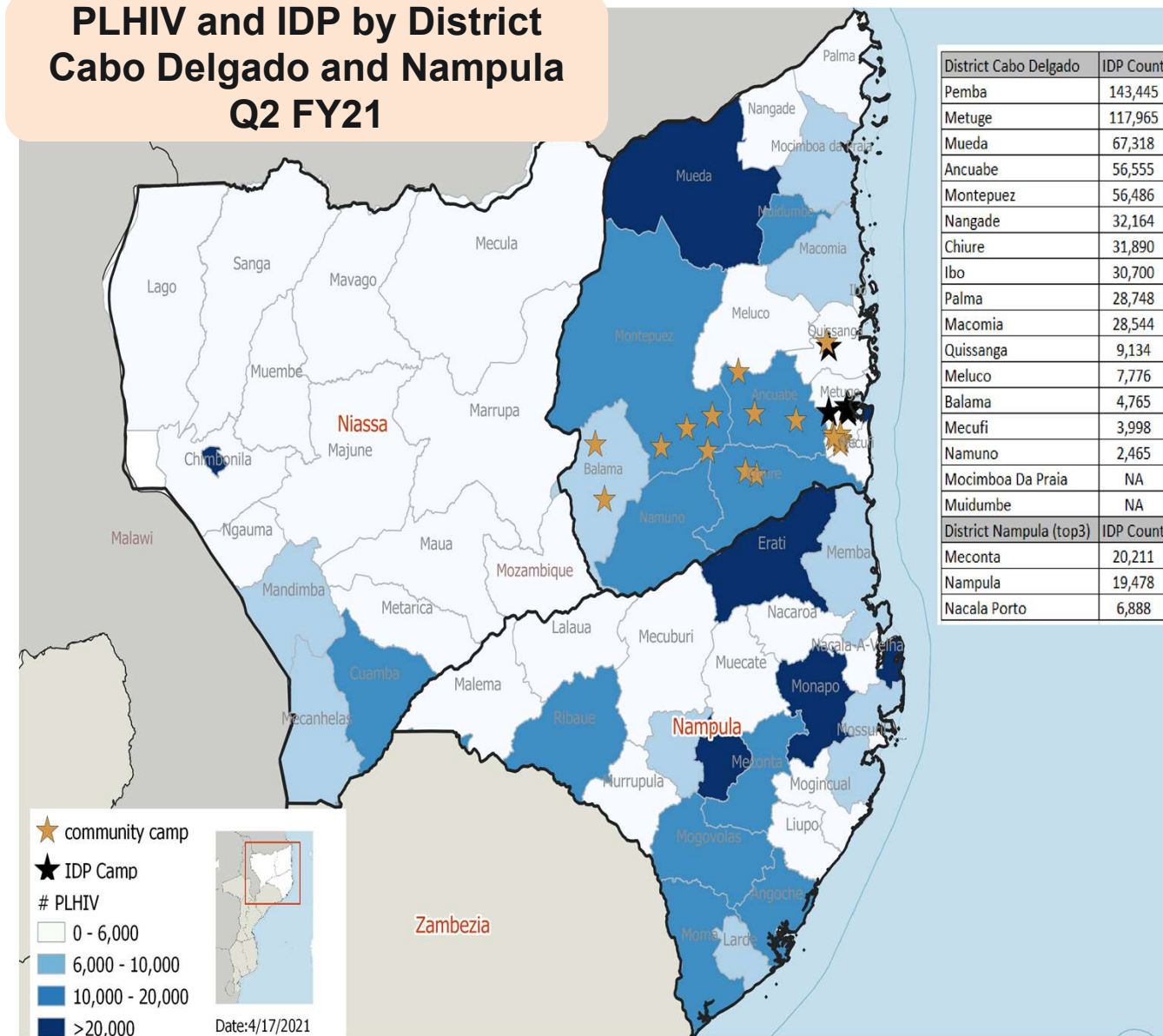
## Diversified approach (COP21)

- Introduce new IP for continuity of care in conflict settings
- Introduce OVC program in IDP communities
- Continued expansion of MB and mentor mothers

## USG synergies (COP20-21)

- \$22mil support for IDP communities (USAID/BHA)
- \$14.4mil strengthen resilience in communities hosting IDPs (USAID/OTI)
- \$5.1mil reduce incidence of early forced marriage (USAID + Total Corporation)
- \$150K rapid response funds for nutrition services for IDPs in Nampula (USAID/Nutrition)

## PLHIV and IDP by District Cabo Delgado and Nampula Q2 FY21

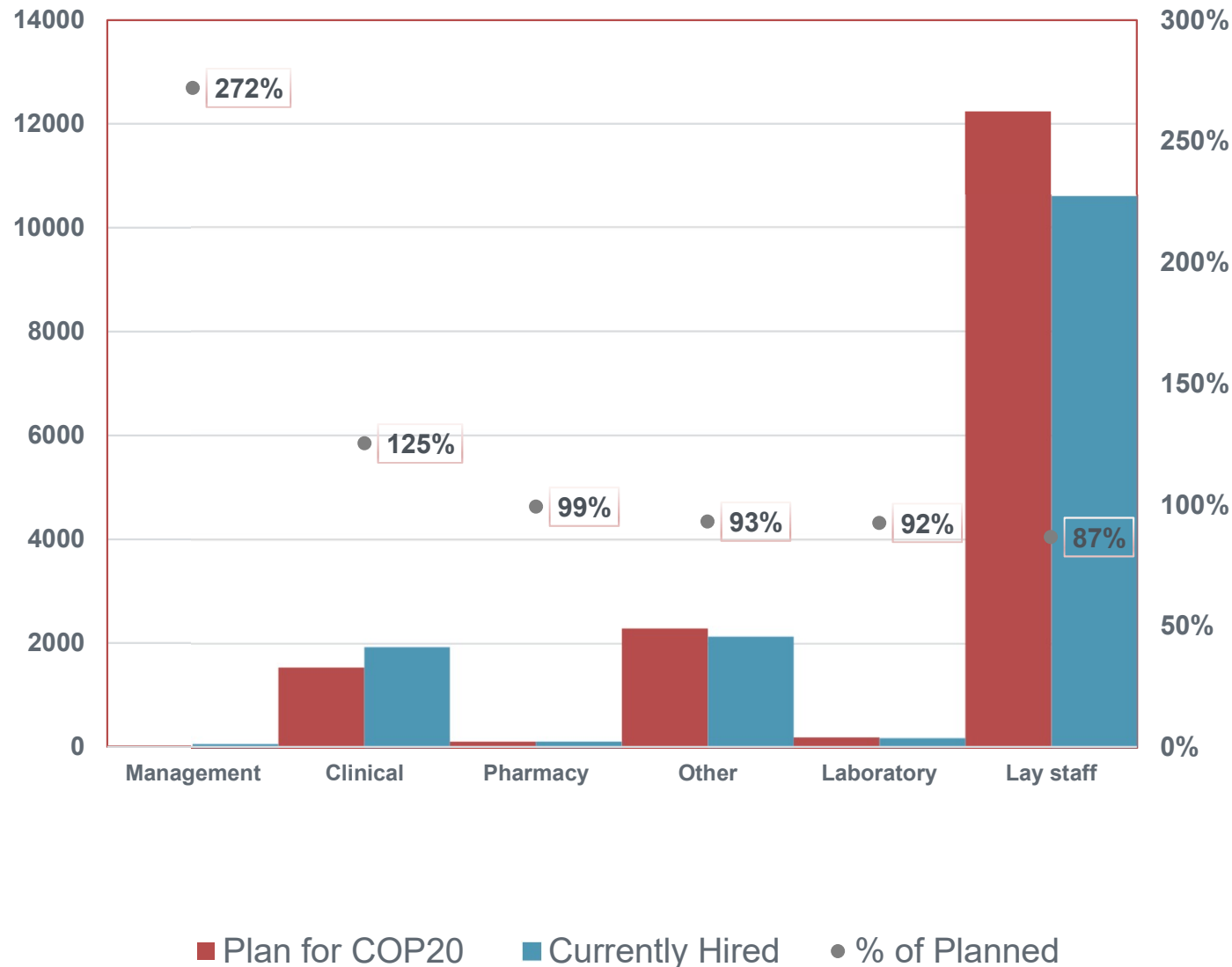


### Sources

- PLHIV estimates: Spectrum COP21
- IDP counts: IOM Feb 2021

# Continue to Scale Site-Level Staff for Program Impact

HRH investment by Cadre



## Key Proposed Changes for COP21

- Revalidate findings of optimization analysis and use findings to adjust current staffing mix during COP21 workplan development
- Maintain the HRH surge through COP 2021
  - ✓ Continue funding HRH support in sustainability sites
  - ✓ Ensure IP site-level HRH support is maintained at current or higher levels
- Consider scaling partner best practices (e.g., ICAP Nampula facility manager experience) in select sites



A stylized world map composed of dots, rendered in a lighter blue shade against the main blue background. The map is centered and slightly tilted, with the continents clearly defined by the density of the dots.

# Stakeholder Engagement

*Strengthening partnerships with government, multilaterals and civil society, including faith-based organizations*

# Stakeholder Voices are Critical to PEPFAR Programming

## ENGAGEMENT

### Meeting with Stakeholders

Quarterly discussion of PEPFAR results with MISAU and civil society

National multi-stakeholder planning of CLM

Active engagement in CCM and Global Fund coordination calls

## SHARED UNDERSTANDING

### Ensuring PEPFAR Team Understands Priorities

Technical staff from all program areas participate in quarterly civil society calls

Agency leadership provide guidance to technical staff on alignment with stakeholder priorities

Presentation of COP21 strategy to MISAU Directors to validate agreements

## INCORPORATION

### Integrating Stakeholder Priorities into PEPFAR Programs

Cross check of stakeholder priorities with COP21 activities

PEPFAR provides written and verbal feedback to civil society comments and requests

Multiple new civil society requests funded following VPM

# COP21 Plans Honor Stakeholder Priorities

## Expand Advanced HIV Disease (AHD) to Every Province

- Support referral hospitals and outpatient AHD services in all provinces while performing AHD screening at all AJUDA sites

## Expand Services for Adolescents and Young Adults

- In COP21, expand Youth Case Management package from 65 to 90 sites across all 11 provinces

## Extend DSD Models to More Provinces

- Nationally, support provincial authorities, in negotiation with clinical IP to determine the mix of context-appropriate DSD models



## Expand Key Populations Coverage

- Increase KP\_PREV by 50%
- Expand KP coverage to >70% by end of COP21 (inclusive of GF)

## Increase FBO Engagement

- FBO engagement package from district capitals to other urban areas, while strengthening the CNCS-managed Religious Congregation Committee

## Strategic Systems Support

- Collaborative planning for multiplexing expansion on multiple platforms

# Accommodating Stakeholder Priorities from the VPM

## PLASOC-M Capacity Strengthening

NEW

- Provide \$50K grant to continue support to PLASOC-M to fulfill its mandate of advocating for the health of Mozambicans, particularly PLHIV

## Early Infant Diagnosis (POC)

NEW

- Expand EID POC testing access in  $\geq 21$  new sites to improve infant linkage and enhance client-centered care



## Civil Society Capacity Building Expansion

NEW

- Allocate \$250K to address key capacity development gaps that limit the effectiveness of organizations to achieve sustainable and significant impact, be accountable to their constituents, and identify and respond to funding opportunities

## Addressing Capacity Gaps in KP-Led Organizations

NEW

- Provide \$300K to address capacity gaps that hamper ability to lead and implement strong KP programming





# American Rescue Plan Act (ARPA)

*Protecting PEPFAR gains despite COVID-19 through ARPA funds*

# Strategic Allocation of ARPA Funds

Category		Budget
<b>I. Prevention</b>		<b>\$6,279,218</b>
	I.A. Prevention: IPC	\$2,149,994
	I.B. Prevention: Vaccination	\$2,200,002
	I.C. Prevention: Testing	\$250,000
	I.D. Prevention: Clinical Management	\$1,679,222
<b>II. Mitigation and Repair</b>		<b>\$13,770,782</b>
	II.A. Mitigation and Repair: Logistics	\$2,500,000
	II.B. Mitigation and Repair: Laboratory	\$1,448,000
	II.C. Mitigation and Repair: Repair of Program Injury	\$9,822,782
<b>Grand Total</b>		<b>\$20,050,000</b>



# ARPA: Keeping COVID Under Control Through Prevention

## PREVENT, PREPARE, & RESPOND

### IPC

\$2.1 Million

PPE for PEPFAR-supported IP, facility, and community staff

IPC continuous quality improvement initiative

Secondment of 2 COVID advisors to government of Mozambique to support coordination

### Vaccination

\$2.2 Million

Vaccine distribution from province to facility

Clinical partner support for vaccine administration at sites

### Testing

\$250,000

Addition of COVID-19 testing to PHIA/INSIDA

### Clinical Management \$1.7 Million

Case management training

Oxygen production, monitoring, and supply chain

Stopgap funds for COVID treatment commodities

# ARPA: Accelerating HIV Programs Despite COVID

## MITIGATION INJURY AND PROGRAM REPAIR

**Logistics**  
\$2.5 Million

COVID-19  
supply chain  
systems  
support

**Laboratory**  
\$1.4 Million

Installation of laboratory information  
systems in INS public health labs

Personnel and TA visits for COVID lab  
testing

Xpert multiplexing for TB and COVID-19

**Repair of Program  
Injury**  
\$9.8 Million

Accelerate community (ICT, mentor  
mothers, KP services and mapping) and  
facility (DSD expansion according to  
provincial context) activities

Support EID POC expansion to ensure  
timely results in high VT areas

HIS for COVID adaptation (VMMC  
demand creation, OVC virtual case  
management, mobile pharmacy,  
interoperability)

Support at COVID/TB interface



# Minimum Requirements

# PEPFAR Minimum Requirements (1)

	COP20	COP21
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups	✓	✓
2. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups	✓	✓
3. Rapid optimization of ART by offering TLD, including consideration for women of childbearing potential and adolescents, and removal of NVP and EFV-based regimens	✓	✓
4. Adoption and implementation of differentiated service delivery models, including six-month dispensing (6MDD) and delivery models to improve identification and ARV coverage of men and adolescents	✓	✓
5. TB preventive treatment (TPT) for all PLHIVs (including adolescents and children) must be scaled-up as an integral and routine part of the HIV clinical care package, and cotrimoxazole must be fully integrated into HIV clinical care package	✓	✓
6. Completion of VL/EID optimization activities and ongoing monitoring to ensure reduced morbidity/mortality across age, sex, and risk groups	✓	✓
7. Scale-up of index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected, and monitoring of intimate partner violence is established	✓	✓
8. Direct and immediate assessment for and offer of prevention services, including PrEP	✓	✓
9. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9–14-year-old girls and boys regarding primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management	✓	✓

# PEPFAR Minimum Requirements (2)

	COP20	COP21
10. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention	✓	✓
11. Program and site standards are met by integrating effective CQI practices into site and program management, supported by IP work plans, agency agreements and national policy	✓	✓
12. Evidence of treatment and viral load literacy activities supported by MoH, National AIDS Councils, and other host country leadership. U=U and other updated HIV messaging to reduce stigma	✓	✓
13. Clear evidence of agency progress toward local, indigenous partner prime funding	✓	✓
14. Evidence of host government assuming greater responsibility for the HIV response including demonstrable evidence of year after year increased resources expended	✓	✓
15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity	✓	✓
16. Scale-up of case surveillance and unique identifier for patients across all sites	✓	✓



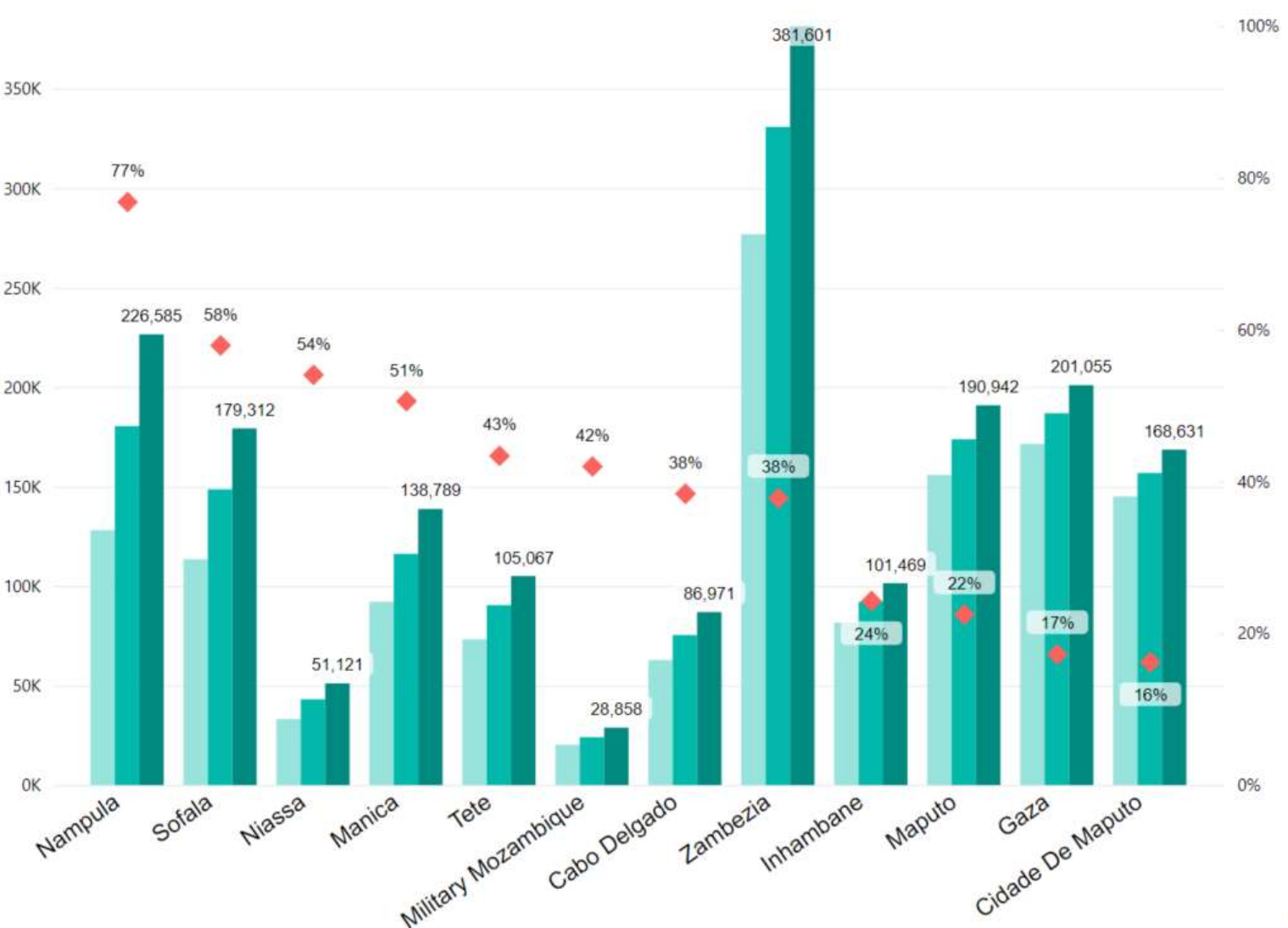
# Targets



# Overall National Target Expectations

	Historical Results			Final Allocations	
	2018	2019	2020	2021 Expected Result	COP21 Target
PLHIV	2,178,274	2,243,966	2,130,428	2,130,428	
TX_NEW	335,470	290,140	272,308	332,393	326,441
TX_CURR	<b>1,107,749</b>	<b>1,159,635</b>	<b>1,354,192</b>	<b>1,619,123</b>	<b>1,860,401</b>
NET_NEW	112,202	51,886	194,557	264,931	241,278
% Net Gain	11%	5%	17%	20%	15%
% ART Coverage	51%	52%	64%	76%	87%
% Retained	83%	83%	95%	96%	96%

# TX\_CURR Targets from FY20 to FY22 by Province



● APR20 TX\_CURR      ● APR22 Target TX\_CURR  
● APR21 Expected TX\_CURR      ♦ % NET\_NEW Growth (APR20 to APR22)

Age/Sex	% ART Coverage (APR20)	% ART Coverage (APR21 Expected)	% ART Coverage (APR22 Target)
Female 01-04	69%	80%	93%
Female 05-09	73%	78%	84%
Female 10-14	61%	77%	95%
Female 15-19	64%	84%	102%
Female 20-24	74%	95%	114%
Female 25-29	71%	85%	98%
Female 30-34	76%	86%	96%
Female 35-39	75%	83%	91%
Female 40-44	70%	76%	83%
Female 45-49	58%	67%	75%
Female 50+	65%	73%	82%
Male 01-04	65%	75%	86%
Male 05-09	62%	67%	72%
Male 10-14	50%	61%	74%
Male 15-19	51%	62%	72%
Male 20-24	40%	59%	75%
Male 25-29	42%	62%	80%
Male 30-34	51%	67%	81%
Male 35-39	54%	67%	79%
Male 40-44	51%	66%	79%
Male 45-49	50%	63%	75%
Male 50+	75%	84%	95%
Total	64%	76%	87%

# Budget

# PEPFAR Moz Budget Objectives in a Budget Reduction Environment

## Engage and Respond to Stakeholders

- Government of Mozambique
- Civil Society
- Multilaterals
- CAST

## Leverage Full Expertise of Diverse Team

- Directors determine high-level direction
- Interagency technical staff review and adjudicate every budget line
- Technical staff provide feedback to leadership
- Directors consider guidance revisions

## Assess All Budget Elements

- Find efficiencies
- Assess partner expenditures and performance
- Eliminate less mission critical activities
- Preserve funding to most essential programs
- Increase funding in cases when necessary or strategic



# Strategic Adaption of Existing Budget to COP21\*

Category	Budget Bucket	Mutually Exclusive			Inclusive		
		COP20	COP21	% Change	COP20	COP21	% Change
New activities	PLL/Condoms	\$0	\$1,000,000	N/A			
Budgets increased	PLL/VMMC	\$14,475,262	\$25,500,000	76%			
	AS/Supply Chain (non-commodities)	\$17,578,949	\$18,691,193	6%			
	National G2G	\$8,604,078	\$7,523,461		\$9,652,192	\$10,016,013	4%
	Provincial G2G	\$5,571,387	\$5,123,554		\$5,792,389	\$6,880,016	19%
	P/DOD Programs	\$5,133,733	\$4,503,709		\$7,472,272	\$7,726,236	3%
	P/GBV	\$2,239,213	\$2,296,901		\$3,437,967	\$3,876,783	13%
Budgets preserved	PLL/DREAMS	\$35,000,000	\$35,000,000	0%			
	PLL/KP	\$6,800,000	\$7,100,000	4%			
	PLL/Cervical Cancer	\$5,500,000	\$5,500,000	0%			
	P/PrEP Commodities	\$3,724,687	\$2,641,418		\$3,724,687	\$3,724,687	0%
Budgets decreased	P/Direct Services	\$156,856,747	\$145,436,686	-7%			
	Commodities	\$69,217,526	\$62,655,895	-9%			
	P/OVC	\$13,500,000	\$11,843,248	-12%			
	P/TB	\$9,024,999	\$6,709,110	-26%			
	AS/Lab	\$7,141,366	\$6,264,961	-12%			
	AS/HIS	\$5,312,307	\$4,660,368	-12%			
	AS/HSS	\$2,555,540	\$2,241,918	-12%			
	AS/Infrastructure	\$2,110,566	\$1,977,607	-6%			
	AS/Surveillance	\$1,916,976	\$1,681,722	-12%			
	AS/Data quality	\$1,151,353	\$1,010,056	-12%			
	PrEP Programs	\$1,108,504	\$972,466	-12%			
	PC Programs	\$260,000		-100%			
Ambition funds		\$5,000,000		-100%			
<b>Grand Total (including CODB)</b>		<b>\$413,863,688</b>	<b>\$401,196,691</b>	<b>-3%</b>			

PLL directives incorporated

Increased G2G budget rather than reverse sustainability course

Preserved PrEP budget by forward funding commodities using ambition funds

Reconsidered 24% OVC cut allowed by PLL

Considered particularities, e.g., large one-time costs for TB in COP20

\* ARPA funding not included

# All Earmarks and Planning Level Letter Directives Met\*

## Agency Funding Trends

Agency	COP20	COP21	% Change
DOD	\$7,885,735	\$8,018,641	2%
CDC	\$188,225,653	\$186,644,246	-1%
HRSA	\$4,274,256	\$3,364,539	-21%
PC	\$3,092,221	\$2,833,408	-8%
State	\$2,921,716	\$3,144,930	8%
USAID	\$207,464,107	\$197,190,927	-5%
Ambition	\$5,000,000		-100%
Total	\$418,863,688	\$401,196,691	-4%

	COP21 Earmarks
C&T	\$272,820,898 - \$270,000,000 = \$2,820,898
OVC	\$41,872,599 - \$40,000,000 = \$1,872,599
GBV	\$3,876,783 - \$3,200,000 = \$676,783
AB/Y	\$14,927,008 / \$25,101,630 = 59.5%

## PLL Directives

Directive	Total
Total Funding	\$401,196,691 - \$401,196,691 = \$0
Core Program (includes CLM)^	\$334,096,691 - \$334,096,691 = \$0
Cervical Cancer	\$5,500,000 - \$5,500,000 = \$0
DREAMS	\$35,000,000 - \$35,000,000 = \$0
GHP-USAID	
Central Condoms	\$1,00,000 - \$1,000,000 = \$0
VMMC	\$25,600,000 - \$25,500,000 = \$100,000

\* ARPA funding not included

^ Community-led monitoring budget is \$3,375,000

# Acknowledgements

**Estamos juntos...força!!**

**Ministry of Health**

**CNCS**

**Civil Society**

**Global Fund & UNAIDS**

**USG Team (Moz & HQ)**

*Muito  
Obrigado!*



# Somos Iguais (We are equals)

May 3, 2021: Launch Event



Minister of Health,  
Dr. Armindo Tiago

Deputy Chief of Mission,  
Abigail Dressel

TV Spot



**#SomosIguais**  
**#JuntosVencemos**